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SECRATARY OF STATE

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COVER LETTER

Divis	sion of Corpo	orations		
SUBJECT:	Poys	PREMILINA AUT Name of Limi	CMCTIVE COROCIP	LLC
The enclosed	Articles of Ar	nendment and fee(s) are subi	nitted for filing.	
Please return	all correspond	ence concerning this matter t	to the following:	
		ELROY	Name of Person	
		Povs f	PENHUM AUTOMOTE	EKE OKONP
		7716 APDI	PKA BLYD Address	
		APOPKA	FL 32703 City/State and Zip Code	
		RPACO RUI	OKID & G. CMALL. COM	Cation)
For further in	formation con	cerning this matter, please ca		
Eup	201 H Name of P		at (407) 885- (Daytime	S925 Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mail	ling Address:		Street Address:	2024 M SECTAL

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	1 Liability Compa A Florida Limited I	ny as it now appears liability Company)	on our records.)		
The Articles of Organization for this Limited Lia	hilin Campany	wara tiladan - 🔾	3/20/24	and assigned	
		were filed on		and assigned	
Florida document number <u>LAHCO106</u> ;	247				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the des	ignation "LLC" or the ab	breviation "L.L.C."	-
Enter new principal offices address, if applical	ble:				_
(Principal office address MUST BE A STREET	ADDRESS)				
					-
		•			-
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	OX)				-
CHAINING WHITE DESTRICTION TO THE PARTY OF T	<u>,</u>	-			-
		 			-
B. If amending the registered agent and/or rep	gistered office :	iddress on our rec	cords, <u>enter the nam</u>	e of the new registe	ered
agent and/or the new registered office address	here:				
Name of New Registered Agent:				·	_
New Registered Office Address:					
		Enter Floric	la street address		-
			. Florida		
		City		Zip Code	-
New Registered Agent's Signature, if changing Re	egistered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this continuation.	r and complete ered agent as p egistered office	performance of n provided for in Cl	ny duties, and Lam for napter 605, F.S. Or,	amilian with and if this accument is	
	If Char	ging Registered Ager	it. Signature of New Reg	ritie tall Agent	gge ^T

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FRANCIS ELROY	596 ORANGE DR ALTANONTE SP, FL 3,70°	□Add
			ERemove
			□Change
AMBR	FRANKIS, ELROY, N	596 ORANGE DR	thrad
		ALTAMONTE SP FL 3270)
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			□Change

Senature of a member or authorized representative of a member	_			_
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